

Thursday, March 12, 2015

## **MLN Connects<sup>®</sup> National Provider Calls**

Physician Quality Reporting Programs: Reporting Once in 2015 — Last Chance to Register

Medicare Shared Savings Program ACO: Preparing to Apply for 2016 — Registration Now Open

Medicare Shared Savings Program ACO: Application Process — Registration Now Open

New MLN Connects<sup>®</sup> National Provider Call Audio Recording and Transcript

## **CMS Events**

ICD-10 Coordination and Maintenance Committee Meeting

Webinar for Comparative Billing Report on Modifier 25: Nurse Practitioners

## **Announcements**

Affordable Care Act Initiative Builds on Success of ACOs

Physician-owned Hospital Initial Annual Ownership/Investment Report: Extension of Filing Deadline

New ST PEPPER Available

Medicare EHR Incentive Program: Hardship Exceptions for Hospitals due April 1

EHR Incentive Program: Part B Drugs and Payment Adjustments

## **Claims, Pricers, and Codes**

April 2015 Average Sales Price Files Now Available

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## **Medicare Learning Network<sup>®</sup> Educational Products**

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“Global Surgery” Fact Sheet — Revised

“Guidelines for Teaching Physicians, Interns, and Residents” Fact Sheet — Revised

“Mental Health Services” Booklet — Revised

“Medicare Vision Services” Fact Sheet — Reminder

“HIPAA Privacy and Security Basics for Providers” Fact Sheet — Reminder

## MLN Connects® National Provider Calls

### Physician Quality Reporting Programs: Reporting Once in 2015 — Last Chance to Register

*Wednesday, March 18; 1:30-3pm ET*

*To Register:* Visit [MLN Connects® Upcoming Calls](#). Space may be limited, register early.

This MLN Connects® National Provider Call provides an overview of how to report once across various 2015 Medicare Quality Reporting Programs, including the Physician Quality Reporting System (PQRS), Medicare Electronic Health Record (EHR) Incentive Program, Value-Based Modifier (VM), and Medicare Shared Savings Program.

This presentation will help guide providers wishing to report quality measures one time during the 2015 program year and maximize their participation in the various Medicare quality reporting programs. Satisfactory reporters will avoid the 2017 PQRS negative payment adjustment, satisfy the Clinical Quality Measure (CQM) component of the Medicare EHR Incentive Program, and satisfy requirements for the VM, avoiding the VM payment adjustment. Eligible professionals (EPs) participating in these programs are strongly encouraged to participate in this call. A question and answer session will follow the presentation.

#### *Agenda:*

How to report once for 2015 Medicare Quality Reporting Programs for:

- Individual EPs
- PQRS group practices
- Medicare Shared Savings Program Accountable Care Organizations (ACOs)
- Pioneer ACOs

*Target Audience:* Physicians, Medicare EPs, therapists, medical group practices, practice managers, medical and specialty societies, payers, and insurers.

This MLN Connects Call is being evaluated by CMS for CME and CEU continuing education credit (CE). Refer to the [call detail](#) page for more information.

### Medicare Shared Savings Program ACO: Preparing to Apply for 2016 — Registration Now Open

*Tuesday, April 7; 1:30-3pm ET*

*To Register:* Visit [MLN Connects® Upcoming Calls](#). Space may be limited, register early.

During this MLN Connects® National Provider Call, CMS subject matter experts provide information on what you can do to prepare for the Medicare Shared Savings Program (Shared Savings Program) application process for the January 1, 2016, start date. This MLN Connects Call includes information on Accountable Care Organizations (ACOs), ACO organizational structure and governance, application key dates, the Notice of Intent to Apply (NOI) submission, and the first steps in submitting an application. A question and answer session will follow the presentation.

The [Shared Savings Program Application](#) web page has important information, dates, and materials on the application process. Call participants are encouraged to review the application and materials prior to the call.

*Agenda:*

- Introduction to the Shared Savings Program
- What is an ACO?
- Organizational structure and governance
- Antitrust and ACOs
- Application process for January 2016 starters

*Target Audience:* Potential 2016 Shared Savings Program applicants.

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

### **Medicare Shared Savings Program ACO: Application Process — Registration Now Open**

*Tuesday, April 21; 1:30-3pm, ET*

*To Register:* Visit [MLN Connects® Upcoming Calls](#). Space may be limited, register early.

During this MLN Connects® National Provider Call, CMS subject matter experts cover helpful tips to complete a successful application for the Medicare Shared Savings Program, including information on how to submit an acceptable Accountable Care Organization (ACO) participant list, sample ACO participant agreement, executed ACO participant agreements, and governing body template. A question and answer session will follow the presentation.

The [Shared Savings Program Application](#) web page has important information, dates, and materials on the application process. Call participants are encouraged to review the application and materials prior to the call.

*Agenda:*

- ACO participant agreements
- ACO participant list
- Beneficiary assignment

*Target Audience:* Potential 2016 Shared Savings Program applicants

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

### **New MLN Connects® National Provider Call Audio Recording and Transcript**

An [audio recording](#) and [transcript](#) are now available for the February 26 call — *ICD-10 Implementation and Medicare Testing*. More information is available on the [call detail](#) web page. During this call, CMS subject matter experts discuss opportunities for testing and results from previous testing weeks, along with implementation issues and resources for providers.

## CMS Events

### ICD-10 Coordination and Maintenance Committee Meeting

*Wednesday, March 18 and Thursday, March 19; 9am–5pm ET*

The ICD-10 Coordination and Maintenance Committee Meeting is a public forum to discuss proposed changes to ICD-10. On March 18, Pat Brooks, Senior Technical Advisor with the CMS Hospital and Ambulatory Policy Group, Ron Mills with 3M HIS, and Stacy Shagena, with the CMS Medicare Contractor Management Group will provide an update on ICD-10.

#### *Webcast and Dial-In Information*

- The meeting will begin promptly at 9am ET and will be webcast.
- Toll-free dial-in access is available for participants who cannot join the webcast: Phone: 877-267-1577; Meeting ID: 993 955 453. Please join early, phone lines are limited.

#### *Meeting Materials:*

- [Agenda](#) for procedure topics on March 18
- [Agenda](#) for diagnosis topics on March 19

More information on the ICD-10 Coordination and Maintenance Committee Meeting is available on the [CMS](#) website and the [Centers for Disease Control and Prevention](#) website.

### Webinar for Comparative Billing Report on Modifier 25: Nurse Practitioners

*Wednesday, April 1; 3-4:30pm ET*

Join us for an informative discussion of the comparative billing report on modifier 25: nurse practitioners (CBR201503). The presentation will be provided by CMS contractor eGlobalTech and its partner, Palmetto GBA. CBR201503 is an educational tool designed to assist nurse practitioners who submitted claims for Evaluation and Management (E/M) services appended with modifier 25.

#### *Agenda:*

- Opening remarks
- Overview of Comparative Billing Report (CBR201503)
- Coverage policy for modifier 25
- Methods and results
- Resources
- Question and answer session

#### *Presenter Information:*

- Speakers: Craig DeFelice, Cyndi Wellborn, Molly Wesley
- Organizations: eGlobalTech and Palmetto GBA

#### *How to Register and Event Replay*

- Register [online](#)
- You may [access a recording](#) of the webinar five days following the event

## Announcements

### Affordable Care Act Initiative Builds on Success of ACOs

#### *Next Generation ACO Letters of Intent due May 1*

On March 10, HHS announced a new initiative from the CMS Innovation Center: the Next Generation Accountable Care Organization (ACO) Model of payment and care delivery. Building upon experience from the Pioneer ACO Model and the Medicare Shared Savings Program, the Next Generation ACO Model offers a new opportunity in accountable care—one that sets predictable financial targets, enables providers and beneficiaries greater opportunities to coordinate care, and aims to attain the highest quality standards of care.

The ACOs in the Next Generation ACO Model will take on greater performance risk than ACOs in current models, while also potentially sharing in a greater portion of savings. To support increased risk sharing, ACOs will have a stable, predictable benchmark and flexible payment options that support ACO investments in care improvement infrastructure that provides high quality care to patients.

The new ACO model encourages greater coordination and closer care relationships between ACO providers and beneficiaries. ACOs will have a number of tools available to enhance the management of care for their beneficiaries. These tools include rewards to beneficiaries for receiving their care from physicians and professionals participating in their ACOs, coverage of skilled nursing care without prior hospitalization, and modifications to expand the coverage of telehealth and post-discharge home services to support coordinated care at home. The Next Generation ACO Model also supports patient-centered care by providing the opportunity for beneficiaries to confirm a care relationship with ACO providers and to communicate directly with their providers about their care preferences.

CMS will accept ACOs into the Next Generation ACO Model through two rounds of applications in 2015 and 2016, with participation expected to last up to five years. Organizations interested in applying in 2015 must submit a Letter of Intent by May 1, 2015, and an application by June 1, 2015. Second round Letters of Intent and applications will be available in spring 2016.

*For more information:*

- [Fact Sheet](#)
- [Blog: Building on the Success of the ACO Model](#)
- [FAQs](#)
- [Next Generation ACO Model](#) web page

Full text of this excerpted [HHS press release](#) (March 10).

### Physician-owned Hospital Initial Annual Ownership/Investment Report: Extension of Filing Deadline

CMS closely examined the data collected in the Initial Annual Ownership/Investment Report, which is required of physician-owned hospitals seeking exceptions for hospital ownership or as a rural provider. CMS is extending the deadline for this report and will provide additional information regarding the revised deadline, specific instructions for submitting the report, and the timeframe during which the report can be submitted. Information will be posted on the [Physician Self-Referral](#) website and included in the *eNews*.

Hospitals that did not file the required information by the earlier deadline of March 3, 2014, may have refrained from filing claims after that date to avoid violating the physician self-referral law's claim submission

prohibition. Because of the deadline extension, submission of those claims may be permissible. Please refer to 42 CFR §424.44 for timely filing guidelines regarding such claims.

### **New ST PEPPER Available**

A new release of the Short-Term (ST) Acute Care Program for Evaluating Payment Patterns Electronic Report (PEPPER), with statistics through the fourth quarter of FY 2014, is available for short-term acute care hospitals nationwide. PEPPER files were recently distributed through a QualityNet secure file exchange to hospital QualityNet Administrators and user accounts with the PEPPER recipient role.

*Note:* The “Single CC/MCC” target area was revised effective with this release to only include Diagnosis-related Groups (DRGs) that are affected by the addition of a CC or MCC. As a result, some hospitals may notice differences in the numerator or denominator count and target area percent for this target area from prior releases.

#### *About PEPPER*

PEPPER provides hospital-specific data statistics for Medicare severity DRGs and discharges at risk for improper payments. It is distributed by TMF® Health Quality Institute under contract with the CMS. Visit the newly-redesigned [PEPPERresources.org](http://PEPPERresources.org) to access updated resources for using PEPPER, including the [PEPPER user’s guide](#), newly-recorded training sessions, information about QualityNet accounts, [frequently asked questions](#) and examples of how other hospitals are using PEPPER.

Do you have questions or comments about PEPPER or need help obtaining your report? Visit the [Help Desk](#). Provide feedback or suggestions regarding PEPPER through the [feedback form](#).

### **Medicare EHR Incentive Program: Hardship Exceptions for Hospitals due April 1**

Payment adjustments for eligible hospitals that did not successfully participate in the Medicare Electronic Health Record (EHR) Incentive Program in 2014 will begin on October 1, 2015. Medicare eligible hospitals can avoid the 2016 payment adjustment by taking action no later than 11:59pm ET on April 1, 2015, and [applying](#) for a 2016 hardship exception.

The hardship exception [application](#) and [instructions](#) for Medicare eligible hospitals are available on the [EHR Incentive Programs](#) website, and outline the specific types of circumstances that CMS considers to be barriers to achieving meaningful use and how to apply. Supporting documentation must also be provided. CMS will review applications to determine whether or not a hardship exception should be granted. If approved, the exception is valid for one year. If the hospital claims a hardship exception for the following payment year, a new application must be submitted.

To file a hardship exception, Medicare eligible hospitals must:

- Show proof of a circumstance beyond the hospital’s control.
- Explicitly outline how the circumstance significantly impaired the hospital’s ability to meet meaningful use.

Want more information about the EHR Incentive Programs? Be sure to visit the [Medicare and Medicaid EHR Incentive Programs](#) website for the latest news and updates.



## **EHR Incentive Program: Part B Drugs and Payment Adjustments**

Do negative payment adjustments for the Medicare Electronic Health Record (EHR) Incentive Program, Physician Quality Reporting System (PQRS), and Value-Based Payment Modifier (VM) affect reimbursement for drugs?

The negative payment adjustments for EHR, PQRS, and VM only apply to Medicare Physician Fee Schedule (MPFS) claims for Part B covered professional services. Covered professional services means services furnished by an eligible professional for which payment is made under, or is based on, the MPFS, as provided in section 1848(k)(3) of the Act. The Part B drugs themselves are not services, and therefore are not paid under the MPFS. Only the services associated with the Part B drugs, such as injections, that may be necessary to administer the drugs are considered covered professional services that are paid under, or are based on, the MPFS. Claims for Part B drugs themselves are not affected by the payment adjustments for EHR, PQRS, or VM.

Read the related [FAQ](#). For more information about the EHR Incentive Programs, visit the [EHR](#) website.

## **Claims, Pricers, and Codes**

### **April 2015 Average Sales Price Files Now Available**

CMS has posted the April 2015 Average Sales Price (ASP) and Not Otherwise Classified (NOC) pricing files and crosswalks. All are available for download on the [2015 ASP Drug Pricing Files](#) web page.

### **FY 2015 Inpatient PPS PC Pricer Update Available**

The FY 2015.3 Inpatient Prospective Payment System (PPS) PC Pricer has been updated with a logic correction and is now available with January 2015 provider data on the [Inpatient PPS PC Pricer](#) web page in the “Downloads” section.

### **FY 2014 Inpatient PPS PC Pricer Update Available**

The FY 2014.8 Inpatient Prospective Payment System (PPS) PC Pricer is now available with January 2015 provider data on the [Inpatient PPS PC Pricer](#) web page in the “Downloads” section.

## **Medicare Learning Network<sup>®</sup> Educational Products**

### **“Guidance on the Physician Quality Reporting System (PQRS) 2013 Reporting Year and 2015 Payment Adjustment for Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), and Critical Access Hospitals (CAHs)” MLN Matters<sup>®</sup> Article — Released**

MLN Matters<sup>®</sup> Special Edition Article #SE1508, “[Guidance on the Physician Quality Reporting System \(PQRS\) 2013 Reporting Year and 2015 Payment Adjustment for Rural Health Clinics \(RHCs\), Federally Qualified Health Centers \(FQHCs\), and Critical Access Hospitals \(CAHs\)](#),” has been released and is now available in downloadable format. This article is designed to provide education on the PQRS 2013 reporting year and 2015 payment adjustment for RHCs, FQHCs, and CAHs.

### **“Global Surgery” Fact Sheet — Revised**

The “[Global Surgery](#)” Fact Sheet (ICN 907166) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the components of a global surgery package. It includes information about billing and payment rules for surgeries, endoscopies, and global surgical packages that are split between two or more physicians.

### **“Guidelines for Teaching Physicians, Interns, and Residents” Fact Sheet — Revised**

The “[Guidelines for Teaching Physicians, Interns, and Residents](#)” Fact Sheet (ICN 006347) was revised and is now available in downloadable format. This fact sheet is designed to provide education on physician services in teaching settings. It includes information on payment for physician services in teaching settings, general documentation guidelines, evaluation and management (E/M) documentation guidelines, and exception for E/M services furnished in certain primary care centers. It also includes resources and a glossary.

### **“Mental Health Services” Booklet — Revised**

The “[Mental Health Services](#)” Booklet (ICN 903195) was revised and is now available in downloadable format. This booklet is designed to provide education on mental health services. It includes the following information: covered and non-covered mental health services, eligible professionals, supplier charts, assignment, outpatient and inpatient psychiatric hospital services, same day billing guidelines, and National Correct Coding Initiative.

### **“Medicare Vision Services” Fact Sheet — Reminder**

The “[Medicare Vision Services](#)” Fact Sheet (ICN 907165) is available in a downloadable format. This fact sheet is designed to provide education on Medicare coverage and billing information for vision services. It includes specific information concerning coding requirements and an overview of coverage guidelines and exclusions.

### **“HIPAA Privacy and Security Basics for Providers” Fact Sheet — Reminder**

The “[HIPAA Privacy and Security Basics for Providers](#)” Fact Sheet (ICN 909001) is available in a downloadable format. This fact sheet is designed to provide education on basic HIPAA privacy and basic HIPAA security information for providers. It includes information on covered entities, business associates, and the disposal of private health information.

### **Medicare Learning Network® Products Available In Electronic Publication Format**

The following products are now available as an electronic publication (EPUB) and through QR codes. Instructions for downloading EPUBs and how to scan a QR code are available at “[How To Download a Medicare Learning Network® Electronic Publication](#)”.

- The “[Global Surgery](#)” Fact Sheet (ICN 907166) sheet is designed to provide education on the components of a global surgery package. It includes information about billing and payment rules for surgeries, endoscopies, and global surgical packages that are split between two or more physicians.
- The “[Hospital Outpatient Prospective Payment System](#)” Fact Sheet (ICN 006820) is designed to provide education on the Hospital Outpatient Prospective Payment System. It includes the following



information: background, ambulatory payment classifications, how payment rates are set, payment rates, and Hospital Outpatient Quality Reporting Program.

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